

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001040

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 35

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington, Missouri		c. CITY OR TOWN Beaufort,	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If outside, give location) Rural Route 1	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last HENRY STUESSE			4. DATE OF DEATH Month Day Year February 3, 1962			
--	--	--	---	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 8, 1863	9. AGE (last birthday) 98	IF UNDER 1 YEAR Months 1 Days 25 Hours Min. 	IF UNDER 24 HR
-----------------------	----------------------------------	---	---	-------------------------------------	--	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmin g	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Beaufort, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	--	---	--

13a. FATHER'S NAME John Stuesse	13b. MOTHER'S MAIDEN NAME Regula Steinmann	14. NAME OF HUSBAND OR WIFE Louise Stuesse
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Gus Stuesse, Beaufort, Missouri	Address
---	--	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiac Arrest		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Myocardial Degeneration	
	DUE TO (c) Arteriosclerosis + Senility	5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	---	--

20c. TIME OF INJURY Hour 7 Month Feb Day 6 Year 62 a.m. p.m.
--

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Union, Missouri	COUNTY Franklin	STATE Missouri
---	--	--	---------------------------	--------------------------

21. I attended the deceased from **1952** to **3 Feb 62** and last saw ~~him~~ ^{her} alive on **3 Feb 62**
Death occurred at **7:00 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm Richardson MD	22b. ADDRESS Union, Missouri	22c. DATE SIGNED 5 Feb 62
---	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb, 6, 1962	23c. NAME OF CEMETERY OR CREMATORY St. Joseph Church	23d. LOCATION (City, town, or county) (State) Neier, Franklin, Missouri
--	----------------------------------	--	---

24. FUNERAL DIRECTOR Oltmann Funeral Home, Union, Missouri	25. DATE RECD. BY LOCAL REG. 2/6/62	26. REGISTRAR'S SIGNATURE Leola C. Heidmann
--	---	---

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 4054
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ernst L. Oltmann

Ernst L. Oltmann

Licensed Embalmer No. 4054

P. O. Address Union, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.